

Student Services Department

INSERVICE/CONFERENCE  
EVALUATION  
*(See Page 2 for instructions)*

NAME:

DATE:

INSERVICE/CONFERENCE TITLE:

SUPERVISOR APPROVING ACTIVITY:

*Please check the category that best describes your role in the school system:*

- |               |                           |                  |        |
|---------------|---------------------------|------------------|--------|
| Administrator | Regular Education Teacher | Paraprofessional | Parent |
| Support Staff | Special Education Teacher | Other:           |        |

**DIRECTIONS:** The following are standard evaluation questions for all inservices and conferences. Taking the inservice or conference as a whole would you rate the following objectives using a "letter grade". Please make sure to list your objectives for the inservice or conference in item 3.

- |                        |                      |          |
|------------------------|----------------------|----------|
| A = Unusually well met | B = Quite successful | C = Okay |
| D = Didn't make it     | E = Not even close   |          |

EVALUATION QUESTIONS	RATING
1) The information/activities provided were consistent with promotional materials	
2) The quality of the inservice or conference met or exceeded my expectations.	
3) In terms of meeting my three objectives, I would rate the inservice or conference:  1)  2)  3)	Overall:

GENERAL COMMENTS & REACTIONS:

IDEAS OR SUGGESTIONS FOR FUTURE INSERVICE SESSIONS: